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## Bib Data Sheet

**CONFIRMATION NO. 4054**

SERIAL NUMBER 10/663,819	FILING DATE 09/17/2003  RULE	CLASS 359	GROUP ART UNIT 2872	ATTORNEY DOCKET NO. 20-133																										
<b>APPLICANTS</b>  Kazuo Morita, Tokyo, JAPAN;  ** CONTINUING DATA ***** <div style="display: flex; justify-content: space-around; align-items: center;"><div>NOVE</div><div></div></div> ** FOREIGN APPLICATIONS ***** JAPAN 2002-271963 09/18/2002 <tr><td colspan="5">IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/10/2003</td></tr> <tr><td colspan="2"><div>Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</div><div>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance</div><div>Verified and Acknowledged  Examiner's Signature  Initials</div></td><td style="text-align: center; vertical-align: top;">STATE OR  COUNTRY JAPAN</td><td style="text-align: center; vertical-align: top;">SHEETS  DRAWING 25</td><td style="text-align: center; vertical-align: top;">TOTAL  CLAIMS 12</td><td style="text-align: center; vertical-align: top;">INDEPENDENT  CLAIMS 3</td></tr> <tr><td colspan="5"><b>ADDRESS</b> Arnold International P.O. BOX 129 Great Falls , VA 22066</td></tr> <tr><td colspan="5"><b>TITLE</b> Stereoscopic microscope</td></tr> <tr><td style="text-align: center; vertical-align: top;">FILING FEE  RECEIVED 750</td><td colspan="2" style="vertical-align: top;">FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</td><td colspan="2" style="vertical-align: top;"><div><input type="checkbox"/> All Fees</div><div><input type="checkbox"/> 1.16 Fees ( Filing )</div><div><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</div><div><input type="checkbox"/> 1.18 Fees ( Issue )</div><div><input type="checkbox"/> Other _____</div><div><input type="checkbox"/> Credit</div></td></tr>					IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/10/2003					<div>Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</div> <div>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance</div> <div>Verified and Acknowledged  Examiner's Signature  Initials</div>		STATE OR  COUNTRY JAPAN	SHEETS  DRAWING 25	TOTAL  CLAIMS 12	INDEPENDENT  CLAIMS 3	<b>ADDRESS</b> Arnold International P.O. BOX 129 Great Falls , VA 22066					<b>TITLE</b> Stereoscopic microscope					FILING FEE  RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<div><input type="checkbox"/> All Fees</div> <div><input type="checkbox"/> 1.16 Fees ( Filing )</div> <div><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</div> <div><input type="checkbox"/> 1.18 Fees ( Issue )</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit</div>	
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